

Safety & Security Parking Registration

Please complete the following:

Name:		Emp. #	
Department / School:		Phone #:	
Students / Residents:	<input type="checkbox"/> Resident <input type="checkbox"/> Student	Last Day of Rotation:	
Instructor's Name:		Instructor's Phone #:	

Vehicle Information

Year	Make	Model	Color	Plate

For Safety & Security Parking Office Use:

Date Of Issue:				
Parking Assignment				
<input type="checkbox"/> RGH Surface Lots <input type="checkbox"/> Carter Street Garage <input type="checkbox"/> Portland Garage <input type="checkbox"/> Riedman Health Center				
Riedman Campus:	<input type="checkbox"/> Lot # 1 (Blue) <input type="checkbox"/> Lot # 2 (Red) <input type="checkbox"/> Lot # 3 (Orange) <input type="checkbox"/> Lot # 4 (Green)			
AVI Tag / Gate Pass #:		Access Group:		
Students / Residents / Contractors Permit:	<input type="checkbox"/> Contractor <input type="checkbox"/> Student <input type="checkbox"/> Top Level			
Hang Tag #:				
Data Entered:	Date:		Initials:	